

Accounting

STAP Meeting 26-27 July 1975

STATINTL

Travel	Services	Extra Day	Misc.	Total
246.25	361.76		103.25	711.26
214.43	361.76		84.72	660.91
210.00	-		140.12	350.12
50.10				140.54
485.25	180.88	90.44		666.13
	361.76			361.76
414	414.70		65.90	479.90
-	182.88	-	-	182.88
1820.03	1447.04	90.44	393.99	3551.50
		1532.48		

Lunches 7/26 8 @ 2.60 = 20.80 + 2.08 = 22.88 JM
 7/27 6 @ 3.50 = 21.00 + 2.10 = 23.10 JM 45.98

Dinner 7/26 7 @ 15.44 = 108.08 JM
 8/16 1 @ 11.13 11.13 JM

Coffee Donuts

Coffee 2.89
 Donuts 9.85 } sric coffee fund.

12.74

CLAIM FOR EXPENSES - Director's Science and Technology Advisory Panel

STATINTL

TRANSPORTATION: Economy air fare from [REDACTED] to Wash., DC
and return (ticket may be retained for return trip) T \$206.00

Date and time of departure: 7/25/78 - 5:30 p.m.

Transportation cost to terminal: 8.75 From Airport to Hotel: 4.50 T \$13.25

Daily Expenses (reimbursement may not exceed \$50.00 per day):

<u>7/25/78</u>	Lunch - \$ --
(date)	Dinner - --
	Hotel - 51.56

⁵⁰
M \$ ~~51.56~~

<u>7/26/78</u>	Breakfast - 2.50
(date)	Lunch - --
	Dinner - --
	Hotel - 51.56

⁵⁰
M \$ ~~54.06~~

Transportation cost from hotel to Headquarters and return:

T \$ 9.50

<u>7/27</u>	Breakfast - 3.25
(date)	Lunch - --
	Dinner - --
	Hotel - 51.25 (not charged)

M \$ 3.25

Transportation cost from hotel to Headquarters and return:

T \$ 9.00

<u>(date)</u>	Breakfast -
	Lunch -
	Dinner -

\$

Transportation cost to terminal: \$ -- From Airport to home: 8.50 T \$ 8.50
(estimates may be used for above)

Date and time of departure from Wash., DC: 7/28/78 - 6:15 p.m.

Fee for services (\$180.88 per day) claimed: (X) Yes () No S \$361.76

TOTAL CLAIM

^{711.26}
\$716.88

STATINTL

Please mail check to:

(Signature of Claimant)

CLAIM FOR EXPENSES - Director's Science and Technology Advisory Panel

STATINTL

TRANSPORTATION: Economy air fare from [REDACTED] to Wash., DC prorated
and return (ticket may be retained for return trip) \$ 151.00

Date and time of departure: 24 July 78 0900

Transportation cost to terminal: 29.46 From Airport to Hotel: 11.33 \$ 40.78

Daily Expenses (reimbursement may not exceed \$50.00 per day):

25 July 78	Lunch -	\$ 4.00	
(date)	Dinner -	9.00	
	Hotel -	19.44	\$ 32.44

32.44 total

26 July 78	Breakfast -	2.20	
(date)	Lunch -		
	Dinner -		
	Hotel -	19.44	\$ 21.64

21.64 total

Transportation cost from hotel to Headquarters and return: \$ 5.00

27 July 78	Breakfast -	2.20	
(date)	Lunch -		
	Dinner -	9.00	
	Hotel -	19.44	\$ 30.64

30.64 total

Transportation cost from hotel to Headquarters and return: \$ 5.00

(date) -	Breakfast -		
	Lunch -		
	Dinner -		\$

Transportation cost to terminal: \$ 12.65 From Airport to home: \$ 12.65
(estimates may be used for above)

Date and time of departure from Wash., DC: 28 July 78 1700

Fee for services (\$180.88 per day) claimed: (X) Yes () No \$ 361.76

STATINTL

TOTAL CLAIM \$ 660.91

STATINTL

Please mail check to:

((Signature of Claimant))

STATINTL

TRANSPORTATION: Economy air fare from to Wash., DC
~~xxxxxxx~~ (ticket may be retained for return trip) \$ 210.

Date and time of departure: 7:40a - 7/24/78

Transportation cost to terminal: From Airport to Hotel: \$

Daily Expenses (reimbursement may not exceed \$50.00 per day):

<u>7/25/8</u>	Lunch - \$	<u> </u>	
(date)	Dinner -	<u>21.00</u>	
	Hotel -	<u>37.06</u>	<u>50.00</u>
			\$ <u>58.06</u>

<u>7/26/8</u>	Breakfast -	<u>4.25</u>	
(date)	Lunch -	<u> </u>	
	Dinner -	<u>37.06</u>	
	Hotel -	<u> </u>	\$ <u>41.31</u>

Transportation cost from hotel to Headquarters and return: \$

<u>7/27/8</u>	Breakfast -	<u>4.25</u>	
(date)	Lunch -	<u>7.50</u>	
	Dinner -	<u> </u>	
	Hotel -	<u>37.06</u>	\$ <u>48.81</u>

Transportation cost from hotel to Headquarters and return: \$

<u> </u>	Breakfast -	<u> </u>	
(date)	Lunch -	<u> </u>	
	Dinner -	<u> </u>	\$ <u> </u>

Transportation cost to terminal: \$ From Airport to home: \$
(estimates may be used for above)

Date and time of departure from Wash., DC: a.m. 7/28/8

Fee for services (\$152.32 per day) claimed: () Yes (☒) No \$

TOTAL CLAIM

STATINTL

STATINTL

Please mail check to:

(Signature of Claimant)

CLAIM FOR EXPENSES - Director's Science and Technology Advisory Panel

STATINTL

TRANSPORTATION: Economy air fare from to Wash., DC
and return (ticket may be retained for return trip)

\$ 436.-

Date and time of departure: 1800 7/25/78

Transportation cost to terminal 8.50 From Airport to Hotel: 3.50 \$ 12.00

Daily Expenses (reimbursement may not exceed \$50.00 per day):

<u> </u>	Lunch - \$ <u> </u>	
(date)	Dinner - <u> </u>	
	Hotel - <u> </u>	\$ <u> </u>

<u> </u>	Breakfast - <u> </u>	
(date)	Lunch - <u> </u>	
	Dinner - <u> </u>	
	Hotel - <u> </u>	\$ <u> </u>

Transportation cost from hotel to Headquarters and return: \$ 9.50

<u> </u>	Breakfast - <u> </u>	
(date)	Lunch - <u> </u>	
	Dinner - <u> </u>	
	Hotel - <u> </u>	\$ <u> </u>

Transportation cost from hotel to Headquarters and return: \$

<u> </u>	Breakfast - <u> </u>	
(date)	Lunch - <u> </u>	
	Dinner - <u> </u>	\$ <u> </u>

Transportation cost to terminal: \$ 9.75 From Airport to home: 18.00 \$ 27.75
(estimates may be used for above)

Date and time of departure from Wash., DC: 1600 7/26/78

Fee for services (\$180.88 per day) claimed: (☒) Yes (☐) No \$ 180.88

TOTAL CLAIM \$ 666.13

STATINTL STATINTL

Please mail check to:

(Signature of Claimant)

for consultation on SIGHT plan

May 8, 1978

left SFO 0730

left LAX 130 pm

STATINTL

taxes 12, 5, 5

22. -

air fare (one way)

28.10

fee ($\frac{1}{2}$ day) @ 180.88

90.44

140.54

I am not billing for 2-3 days total time at SRI/Naval
studying reports.

7/31/78

STATINTL

CLAIM FOR EXPENSES - Director's Science and Technology Advisory Panel

TRANSPORTATION: Economy air fare from _____ to Wash., DC
and return (ticket may be retained for return trip) \$ _____

Date and time of departure: _____

Transportation cost to terminal: _____ From Airport to Hotel: _____ \$ _____

Daily Expenses (reimbursement may not exceed \$50.00 per day):

(date) Lunch - \$ _____
Dinner - _____
Hotel - _____ \$ _____

(date) Breakfast - _____
Lunch - _____
Dinner - _____
Hotel - _____ \$ _____

Transportation cost from hotel to Headquarters and return: \$ _____

(date) Breakfast - _____
Lunch - _____
Dinner - _____
Hotel - _____ \$ _____

Transportation cost from hotel to Headquarters and return: \$ _____

(date) Breakfast - _____
Lunch - _____
Dinner - _____ \$ _____

Transportation cost to terminal: \$ _____ From Airport to home: \$ _____
(estimates may be used for above)

Date and time of departure from Wash., DC: _____

Fee for services (\$180.88 per day) claimed: (X) Yes () No \$ 361.76

7/26-27

TOTAL CLAIM \$ 361.76

STATINTL

STATINTL

Please mail check to: _____

(Signature of Claimant)

CLAIM FOR EXPENSES - Director's Science and Technology Advisory Panel

STATINTL

TRANSPORTATION: Economy air fare from [redacted] to Wash., DC
and return (ticket may be retained for return trip) 414 \$ 414

Date and time of departure: 7-25-78 9:00 a.m.

Transportation cost to terminal: _____ From Airport to Hotel: _____ \$

Daily Expenses (reimbursement may not exceed \$50.00 per day):

7-25
(date) Lunch - \$ _____
Dinner - _____
Hotel - 30.00

30 \$ 30

7-26
(date) Breakfast - 2.75
Lunch - _____
Dinner - _____
Hotel - 30.00

32.75 \$ 32.75

Transportation cost from hotel to Headquarters and return: _____ \$

7-27
(date) Breakfast - 3.15
Lunch - _____
Dinner - _____
Hotel - _____

31.5 \$ 31.5

Transportation cost from hotel to Headquarters and return: _____ \$

(date) Breakfast - _____
Lunch - _____
Dinner - _____

\$ _____

Transportation cost to terminal: \$ _____ From Airport to home: _____ \$
(estimates may be used for above)

Date and time of departure from Wash., DC: 7-27-78, 3:55 p.m.

Fee for services (\$180.88 per day) claimed: () Yes (✓) No \$

TOTAL CLAIM

479.90
\$ 47

STATINTL

STATINTL

Please mail check to:

(Signature of Claimant)

CLAIM FOR EXPENSES - Director's Science and Technology Advisory Panel

TRANSPORTATION: Economy air fare from _____ to Wash., DC
and return (ticket may be retained for return trip) \$ _____

Date and time of departure: _____

Transportation cost to terminal: _____ From Airport to Hotel: _____ \$ _____

Daily Expenses (reimbursement may not exceed \$50.00 per day):

_____	Lunch -	\$ _____	
(date)	Dinner -	_____	
	Hotel -	_____	\$ _____

_____	Breakfast -	_____	
(date)	Lunch -	_____	
	Dinner -	_____	
	Hotel -	_____	\$ _____

Transportation cost from hotel to Headquarters and return: \$ _____

_____	Breakfast -	_____	
(date)	Lunch -	_____	
	Dinner -	_____	
	Hotel -	_____	\$ _____

Transportation cost from hotel to Headquarters and return: \$ _____

_____	Breakfast -	_____	
(date)	Lunch -	_____	
	Dinner -	_____	\$ _____

Transportation cost to terminal: \$ _____ From Airport to home: \$ _____
(estimates may be used for above)

Date and time of departure from Wash., DC: _____

Fee for services (\$180.88 per day) claimed: (✓) Yes () No \$ 180.88

TOTAL CLAIM \$ 180.88

STATINTL

STATINTL

Please mail check to:

(Signature of Claimant)

EXECUTIVE DINING ROOM

Date 7/24

ITEM NO.	ITEM	PRICE
<input type="checkbox"/>	1 Regular Lunch*	\$2.60
<input type="checkbox"/>	2 Steak Delmonico Lunch* ..	\$3.45
<input type="checkbox"/>	3 Steak Sirloin Lunch*	\$3.45
<hr/>		
<input type="checkbox"/>	4 Filet Sandwich	\$3.15
<input type="checkbox"/>	5 Light Lunch	\$1.65
<input type="checkbox"/>	6 Jumbo Salad	\$1.45
<input checked="" type="checkbox"/>	7 Low Cal	17.40 \$1.45
<input checked="" type="checkbox"/>	8 Soup	6.00 \$.50
<input type="checkbox"/>	9 Salad — Vegetable	4.80 \$.30
<input checked="" type="checkbox"/>	10 Dessert	\$.40
<input type="checkbox"/>	11 Milk	\$.25
<input type="checkbox"/>	11 Coffee	\$.25
<input checked="" type="checkbox"/>	11 Tea	3.00 \$.25
<input type="checkbox"/>	11 Juice	31.20 \$.25
<input type="checkbox"/>	12 Misc.	\$2.00

*Includes salad or vegetable, juice, coffee, or tea.

Membership Acct. # 49007

Signature STC

Room No. _____

Receipt Requested ☐

2.60
20.80
22.88

EXECUTIVE DINING ROOM

Date 7/27

ITEM NO.	ITEM	PRICE
<input checked="" type="checkbox"/> 1	Regular Lunch* .. <u>31.20</u>	\$2.60
<input type="checkbox"/> 2	Steak Delmonico Lunch* ..	\$3.45
<input type="checkbox"/> 3	Steak Sirloin Lunch*	\$3.45

<input type="checkbox"/> 4	Filet Sandwich	\$3.15
<input type="checkbox"/> 5	Light Lunch	\$1.65
<input type="checkbox"/> 6	Jumbo Salad	\$1.45
<input type="checkbox"/> 7	Low Cal	\$1.45
<input checked="" type="checkbox"/> 8	Soup	<u>6.00</u> \$.50
<input type="checkbox"/> 9	Salad — Vegetable	\$.30
<input checked="" type="checkbox"/> 10	Dessert	<u>4.80</u> \$.40
<input checked="" type="checkbox"/> 11	Milk	\$.25
<input type="checkbox"/> 11	Coffee	<u>42.50</u> \$.25
<input type="checkbox"/> 11	Tea	\$.25
<input type="checkbox"/> 11	Juice	\$.25
<input type="checkbox"/> 12	Misc.	\$2.00

*Includes salad or vegetable, juice, coffee, or tea.

Membership Acct. # 49007

Signature STIC

Room No. _____

Receipt Requested ☐

3.50
6
21.00
2.10
1-3 10
3 50
35
385

DATE	REFERENCE	CHARGES	CREDITS	BALANCE
BALANCE FORWARDED				
July 26, 1978				
Dinner: 12 @ 8.95				
plus Tax		115.99		
Room Charge: B		20.00		
Cocktails:		47.95		
Parking: 1		<u>1.25</u>		\$185.19
<p>12 @ 15.44 x 7 = 108.08 5 @ 15.00 = 75.00 183.08</p>				

1. BARBER	7. BAR	SPECIAL PARTIES	Please Pay Last Amount In This Column
2. TOBACCO, ETC.	8. FOOD		
3. TELEPHONE	9. GUEST CHARGE	12. PRIVATE ROOM CHARGE	CM CREDIT MEMO
4. LODGINGS	10. CHRISTMAS FUND	13. FLOWERS	DM DEBIT MEMO
5. PARKING	11. MISC.	14. EXTRA HELP	CR CREDIT BALANCE
6. LAUNDRY		15. MISC.	GC GUEST CHARGE

CHARGES AND CREDITS NOT SHOWN ON THIS STATEMENT WILL APPEAR NEXT MONTH

COSMOS CLUB 2121 Massachusetts Avenue, N.W., Washington, D.C. 20008 DUont 7-7783

